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ABSTRACT

Difficulties in identifying learning disabilities (LD) are examined, and special problems presented by hearing impaired children with LD are considered. The value of rating scales as a quick instrument for obtaining, measuring, recording and communicating information is emphasized. Adaptations of the Pupil Rating Scale for hearing impaired children are described as recording observable behavior in four major areas: (1) comprehension and attention, (2) orientation, (3) motor functioning, and (4) behavior. The instrument appears to be a promising device for the early identification of LD in hearing impaired children. Typical performances of two children illustrate possible interpretations. It is suggested that rating scales should be viewed as one tool in the multidimensional diagnosis of the child. A five-page reference list is included. (CL)

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The unknown variable: Identifying learning disabilities with pupil behavior rating scales.

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

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For a number of years the proportion of hearing impaired students who are multi-handicapped has been increasing (Jensema, 1975). It is estimated the one-third of hearing impaired children suffer additional handicaps that place significant limitations on their coping skills and abilities (Gentile & McCarthy, 1973; Jensema & Mullins, 1974; Schein, 1975; Stewart, 1974). Multiple handicapping conditions are not merely additive--the results are compounding and present a child with unique patterns of learning and behavior. The effects of multiple handicaps may be direct in terms of functional difficulties, educational treatment and medical needs. As well, there may be indirect effects in regard to the family, the community and societal reactions (Meadow, 1980, p. 10).

Emotional or behavioral problems, visual defects and learning disabilities are the predominant additional handicapping conditions in the hearing impaired population (Meadow, 1980, p. 7). In recent years considerable interest has developed with regard to hearing impaired students who are learning disabled. While the reasons for the interest are diverse, some very specific questions have emerged:

What are the characteristics of the hearing impaired learning disabled child?

What are the compounding effects of a learning disability superimposed on a hearing loss?

How best may hearing impaired learning disabled children be identified?

What types of services do they require?

Much ongoing research is being directed to the accurate identification and classification of hearing impaired children with learning disabilities. However, activities have tended to be sporadic and no significant attempt has yet been made to develop and implement a consistent and meaningful identification procedure.

The identification of learning disabilities, in any child, is complex, time consuming and difficult because the learning disabled population is extremely heterogenous, displaying disparate characteristics. Although there are currently more than 1000 instruments available for the screening and diagnosis of young children, no single means of diagnosis exists and there are no testing measures that differentially diagnose accurately. Indeed, there is no evidence that differential diagnosis is being made reliably and validly on a large scale--in fact, the evidence suggests that it is not (Adelman, 1979).

Identification includes two processes--screening and diagnosis. Screening implies the testing of whole age groups of children to identify those achieving below the norm in certain areas of behavior or attainment or both (Lewis, 1980). Formal diagnosis implies the use of measures, generally standardized test, to investigate selected children to determine the precise nature of their difficulties and to identify their unique patterns of strengths and weaknesses so that instruction can be matched to individual learning needs (Kirk, 1972, p. 7; Kirk & Kirk, 1971, p. 12; Lewis, 1980).

Accurate diagnosis is a logical prerequisite to determining the efficacy of any treatments which are conceptualized for the child identified as learning disabled. The prime time for identification appears to be before the end of grade 3. After that time, the hopes of remediating the learning disability decrease drastically: the child learns inappropriate coping behaviors that soon become habitual and which can present almost insurmountable obstacles to remediation (Neyhus & Neyhus, 1979). Perhaps more importantly, the child gets caught up in a cycle of frustration and failure which becomes increasingly difficult to break.

Early identification is vital and the classroom teacher, being in a unique position to identify problem, or potentially problem, children, often serves as the initial referring agency for educationally high risk children. A body of literature attests to the potency and accuracy of data obtained from teachers (Cogwill, Friedland & Shapiro, 1973; Ferinden, Jacobson & Linden, 1970; Jones, Ratcliff & Turner, 1973; Keogh, Hall & Becker, 1974; Keogh & Smith, 1970; Keogh, Tchir & Windeguth, A., 1974; Pihl & Nagy, 1980; Rich, 1977; Stevenson et al., 1976; Walker, 1971; Wallace & Kauffman, 1973). Teacher observation has been found to be the most valuable and practical in the diagnostic process (Ferinden, Jacobson & Linden, 1970; Walker, 1971; Zukow, Zukow & Bentler, 1978). Specifically in the area of learning disabilities, teacher reports are the most helpful in identifying learning disabled children since it is behavior and performance in the classroom that

defines the problem (Cogwill, Friedland & Shapiro, 1973; Pihl & Nagy, 1980).

The use of teacher assessments, preferably through a structured check list, is emerging as one of the most promising methods in the identification of high risk children (Evans, 1977; Feshbach, Adelman & Fuller, 1974; Glazzard, 1977). One type of checklist is the rating scale, a device which permits a range of social, behavioral, cognitive and motor functions to be readily combined.

Usually completed by the classroom teacher, rating scales are a quick instrument for obtaining, measuring, recording and communicating information: They can be routinely administered by an examiner with limited training to large numbers of children in a relatively short period of time at modest cost.

Rating scales aid in locating students at various levels of school adjustment; they provide information that represents a child's functioning; they allow a comparison of the behavior and performance of a child with the norm for a particular group, and they predict learning problems (Keogh, Hall & Becker, 1974; Keogh & Smith, 1970; Kratochwill, 1980; Swift & Spivack, 1969). A rating scale can assist the teacher in making an objective determination of the existence and extent of behavioral problems; in focussing on the psychoeducational aspects of behavior; in clarifying and modifying perceptions and in reducing ambiguities in reporting. The major advantage of rating scales is that children are observed

in a more or less standard classroom situation (Edelbrook, 1979): behavior is measured at the time and place of its natural occurrence.

A particular scale can be elected to measure behavior disorders, personality and social adjustment, giftedness, the presence of learning disabilities and other apsects of functioning. The Referral Check List, for example, taps communication and socialization (Huberty, Quirk & Swan, 1973; Morris & Arrant, 1978). The Conners' Teacher Rating Scale is designed to help teachers describe behavior problems, especially those related to hyperactivity (Conners, 1969; Goyette, Conners & Ulrich, 1978). Other scales which focus on behavior include the Devereux School Behavior Rating Scales (Spivack & Swift, 1967), Burks' Behavior Rating Scale (Burks, 1969) and the Behavior Problem Checklist (Evans, 1975; Harris et al. 1978; Quay, 1977).

Teacher judgments on rating scales has been found a reliable technique for identifying children with learning disabilities (Bryan & McGrady, 1972). The Myklebust Pupil Rating Scale was developed as one component of a comprehensive study of learning disabilities in children (Myklebust, 1971; 1973) and, in a slightly adapted version, appears to be a promising device for the early identification of learning disabilities in hearing handicapped children.

Myklebust's Pupil Rating Sclae has been found to generally correlate with other indices of learning disabilities (Colligan,

1977). With 24 items measuring 5 specific behavioral categories, the Pupil Rating Scale taps auditory comprehension, spoken language, orientation, motor co-ordination and personal-social behavior. By yielding a non-verbal score a verbal score and a full-scale score, a profile of the child's strengths and weaknesses can be obtained--a concise picture of assets and problems for the purposes of referral, special programming or grouping within the classroom.

Charles High (Faas, 1976) adapted the Pupil Rating Scale and, for use with hearing impaired children, it has been further adapted. The linguistic deprivation of the hearing impaired child is accounted for so that the scale now records observable behavior in four major areas: comprehension and attention, orientation, motor functioning and behavior. There are 19 questions which relate to language, cognitive development, social skills, memory, visual processing, motor development, body image, directionality and laterality. The scale covers the developmental range from about 4 to 9 years though older children may be assessed.

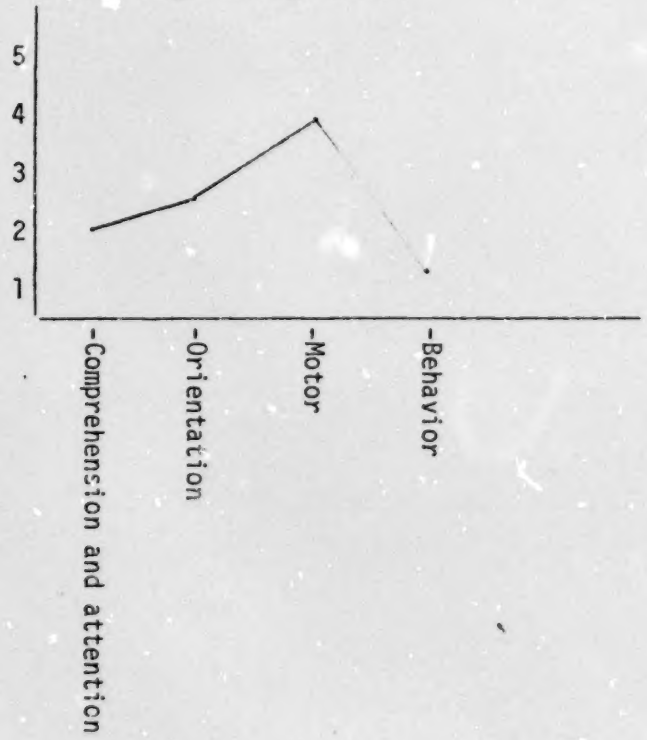
The observer is asked to judge the child's performance on a 5-point scale. On the section assessing the ability to follow directions, for example, a rating at level 1 indicates that the observer judges the child to be unable to successfully follow directions; a level 3 rating places the child at average in direction following, while a rating at level 5 indicates that the child is skillful in following directions.

Research into the use of this rating scale is ongoing; however,

it appears to be a promising instrument to rapidly screen hearing impaired children who may suffer a learning disability. Figure 1 shows the Pupil Rating Scale profile of a profoundly deaf 12-year old. On standardized tests of mental ability this child demonstrated age level performance, although wide scatter of sub-test results, peaks and valleys as seen in the profile, was noted on the Hiskey-Nebraska Test of Learning Aptitude. The large discrepancy found between performance and potential may be an indication of a factor additional to hearing loss.

Figure 1

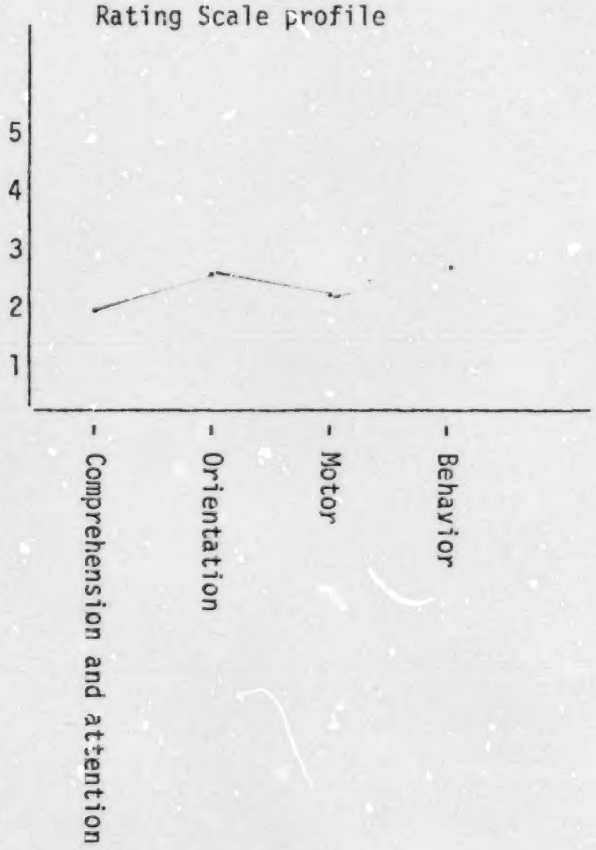
Rating Scale profile



On the other hand, Figure 2 gives the profile of an 11-year-old child with a moderate bilateral sensori-neural loss. While his profile shows performance slightly below average in all areas, tests of mental ability indicate functioning in the very low average range.

Figure 2

Rating Scale profile



Rating scales appear to be an appropriate tool to employ in the screening process. However, while rating scales can aid in predicting learning problems and give information as to how a certain child differs from the normative group in specific areas, this should not be taken as evidence that teacher ratings alone are sufficient for identifying children. A screening test cannot stand alone and may not be used for purposes of placement, intervention or treatment: the purpose is to identify children who need a diagnostic evaluation. Although rating scales can be valuable they should be viewed as one tool only in the multidimensional diagnosis of the child.

References

Adelman, H.S. Diagnostic classification of LD: Research and ethical perspectives as related to practice. Learning Disabilities Quarterly, 1979, 2, 5-16.

Bryan, T. and McGrady, H. Use of a teacher rating scale. Journal of Learning Disabilities, 1972, 5, 199-208.

Burks, H.F. Manual for the Burks' Behavior Rating Scales. Huntington Beach, California: 1969.

Cogwill, M., Friedland, S. and Shapiro, R. Predicting learning disabilities from kindergarten reports. Journal of Learning Disabilities, 1973, 6, 377-82.

Colligan, R.C. Concurrent validity of the Myklebust Pupil Rating Scale in a kindergarten population. Journal of Learning Disabilities, 1977, 10, 317-320.

Conners, C.K. A teacher rating scale for use in drug studies with children. American Journal of Psychiatry, 1969, 6, 884-888.

Edelbrock, C. Empirical classification of children's behavior disorders: Progress based on parent and teacher ratings. School Psychology Digest, 1979, 8, 355-369.

Evans, R. The prediction of educational handicap--A longitudinal study. Educational Research, 1977, 19, 57-67.

Evans, R. The Behavior Problem Checklist: Data from an inner-city population. Psychology in the Schools, 1975, 12, 295-300.

Ferinden, W.E., Jacobson, S. and Linden, N.J. Early identification of learning disabilities. Journal of Learning Disabilities, 1970, 3, 589-593.

Feshbach, S., Adelman, H. and Fuller, W.W. Early identification of children with high risk of reading failure. Journal of Learning Disabilities, 1974, 10, 639-44.

Gentile, A. and McCarthy, B. Additional handicapping conditions among hearing impaired students, United States, 1971-72. Series D. Number 14. Washington, D.C.: Office of Demographic Studies, Gallaudet College, 1973.

Glazzard, M. The effectiveness of three kindergarten predictors for first grade achievement. Journal of Learning Disabilities, 1977, 10, 95-100.

Goyette, C.H., Conners, C.K. and Ulrich, R.F. Normative data on revised Conners' Parent and Teacher Rating Scales. Journal of Abnormal Child Psychology, 1978, 6, 221-236.

Harris, W.J., Drummond, R.J., Schultz, E.W. and King, D.R. The factor structure of three teacher rating scales and a self-report inventory of children's source traits. Journal of Learning Disabilities, 1978, 11, 56-58.

High, C. Pupil Behavior Rating Scale. In L. Faas, Learning disabilities: A competency based approach. Boston: Houghton Mifflin, 1976, pp. 49-54.

Huberty, C.J., Quirk, J.P. and Swan, W. An evaluation system for a psycho-educational treatment program for emotionally disturbed children. Educational Technology, 1973, 13, 73-79.

Jensema, C.J. A note on the achievement test scores of multiply handicapped hearing impaired children. American Annals of the Deaf, 1975, 120, 37-39.

Jones, J., Ratcliff, J. and Turner, H. Handbook of pupil experiences. For high challenge children; those children with learning problems. Tulsa, Oklahoma: Tulsa Public Schools, 1973.

Keogh, B.K., Hall, R. and Becker, L. Early identification of exceptional children for educational programming. Los Angeles: 1974.

Keogh, B.K. and Smith, C.E. Early identification of educationally high potential and high risk children. Journal of School Psychology, 1970, 9, 285-290.

Keogh, B., Tchir, C. and Windeguth, A. Teachers' perception of educationally handicapped children. Journal of Learning Disabilities, 1974, 7, 367-374.

Kirk, S. Educating exceptional children. Boston: Houghton-Mifflin, 1972.

Kirk, S. and Kirk, W.D. Psycholinguistic learning disabilities: Diagnosis and remediation. Urbana: University of Illinois Press, 1971.

Kratochwill, T.R. Behavioral assessment of academic and social problems: Implications for the Individual Education Program. School Psychology Review, 1980, 9, 199-206.

Lewis, A. The early identification of children with learning difficulties. Journal of Learning Disabilities, 1980, 13, 102-108.

Meadow, K.P. Deafness and child development. Berkeley: University of California Press, 1980.

Morris, J.E. and Arrant, D. Behavior ratings of emotionally disturbed children by teachers, parents, and school psychologists. Psychology in the Schools, 1978, 15, 450-455.

Myklebust, H.R. Identification and diagnosis of children with learning disabilities: An interdisciplinary study of criteria. Seminars in Psychiatry, 1973, 5, 55-77.

Myklebust, H.R. The Pupil Rating Scale: Screening for learning disabilities. New York: 1971.

Neyhus, A.I. and Neyhus, M. Relationship of parents and teachers in the identification of children with suspected learning disabilities. Journal of Learning Disabilities, 1979, 12, 379-83.

Pihl, R.O. and Nagy, K.D. The applicability of the Myklebust Pupil Rating Scale. Journal of Learning Disabilities, 1980, 13, 58-62.

Quay, H.C. Measuring dimensions of deviant behavior: The Behavior Problem Checklist. Journal of Abnormal Child Psychology, 1977, 5, 277-289.

Rich, H.L. Behavior disorders and school: A case of sexism and racial bias. Journal of the Council for Children with Behavior Disorders, 1977, 2, 201-2-4.

Schein, J. Deaf students with other disabilities. American Annals of the Deaf, 1975, 120, 92-99.

Spivack, J. and Swift, M. Devereux Elementary School Behavior Rating Scale Manual. Devon: Devereux Foundation, 1967.

Stevenson, H.W., Parker, T., Wilkinson, A., Hegion, A. and Fish, E. Predictive value of teachers' ratings of young children. Journal of Educational Psychology, 1976, 68, 507-

Stewart, L.G. We have met the enemy and he is us. American Annals of the Deaf and Dumb, 1974, 119, 706-715.

Swift, M. and Spivack, G. Clarifying the relationship between academic success and overt classroom behavior. Exceptional Children, 1969, 36, 99-104.

Walker, H. Early identification and assessment of behaviorally handicapped children in the primary grades. Report number 2 ERIC EDo69092, 1971.

Wallace, G. and Kauffman, J.M. Teaching children with learning problems. Columbus, Ohio: Merrill, 1973.

Zukow, P., Zukow, A. and Bentler, P. Rating scales for the identification and treatment of hyperkinesis. Journal of Consulting and Clinical Psychology, 1978, 46, 213-222.